

UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF OHIO

ERIC L. JEFFRIES, :
 :
 Plaintiff, :
 vs. : Case No. C-1-02-351
 : (Judge S. S. Beckwith)
 CENTRE LIFE INSURANCE :
 COMPANY, et al., :
 :
 Defendants. :

Deposition of CORWIN DUNN, M.D., a witness
herein, called by the defendants for examination,
pursuant to the Federal Rules of Civil Procedure,
taken before me, Tracy L. Allen, a Registered
Professional Reporter and Notary Public in and for
the State of Ohio, at 2223 Auburn Avenue,
Cincinnati, Ohio, on Friday, September 12, 2003, at
2:15 PM.

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5

1 Q. Did he provide you a history when he came
2 to see you?

3 A. Yes.

4 Q. What was the history that he gave you on
5 that first visit?

6 A. Well, he recounted that a month earlier he
7 had had what seemed to be a sore throat of not
8 unusual variety, but the twist was that
9 approximately a week after that he got a hepatitis B
10 vaccine. And then developed severe headaches. And
11 so some of the symptoms have continued and
12 persisted, and that's why he was there, in brief.

13 Do you want to discuss those or --

14 Q. Yes. Just tell me what he told you were
15 his problems.

16 A. Okay. Well, there was the headache, which
17 it was a nonspecific sort of headache. It was not
18 localized in any particular area of the head. Did
19 not have a typical migraine or cluster headache
20 pattern.

21 He'd been taking Advil for this. And then
22 he started noticing night sweats and joint pains
23 involving hands, feet, elbow, shoulders. He
24 referred to this as sharp pains and then they would

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6

1 become dull. And the sore throat had persisted.

2 He was also having pains in his right
3 upper quadrant. In other words, his liver area of
4 his abdomen.

5 So it was rather, in short, a somewhat
6 nonspecific group of complaints that right offhand
7 wouldn't be identifiable as a "Ah-ha, I know what
8 this is" sort of thing. It was a conglomeration of
9 things that probably wouldn't make a lot of sense.

10 Q. Did you discuss with him any past medical
11 history prior to? His history apparently starts for
12 you shortly before he had the hepatitis B shot. Is
13 that right?

14 A. Yes.

15 Q. Did he give you any history prior to that?

16 A. Well, let me see. He mentioned that he'd
17 had Rocky Mountain Spotted Fever when he was a
18 three-year-old in Arkansas. That he never had any
19 surgery. At the time of this visit he'd already had
20 some lab work done of interest, which was probably
21 done by Dr. Nunlist-Young, who is his family doctor
22 at the time.

23 Q. Let me ask you some specific questions.

24 Did he tell you that he had a history of prostate

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7

1 problem?

2 A. I don't think that he did at that time.

3 Q. Did he tell you that he had a history of
4 epididymitis? I don't know if I pronounced that
5 correctly.

6 A. I don't think so. Epididymitis.

7 Q. Epididymitis.

8 A. Probably would be hard to tell that from
9 the prostate problem.

10 Q. Did he tell you he had a history of
11 herpes?

12 A. Not at that time.

13 Q. How about history of shortness of breath,
14 sore throats, chronic bronchitis?

15 A. No.

16 Q. Did he tell you that he had any long
17 history of this right upper quadrant pain?

18 A. No. And my understanding was that that
19 began at that time.

20 Q. Did he tell you he had had prior
21 ultrasounds, gallbladder tests, and liver exams?

22 A. No, but I have -- actually, I think I have
23 a copy or had ordered myself a gallbladder
24 ultrasound, but that was the following year.

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8

1 Q. Did he tell you, for example, that he had
2 a hepatobiliary scan in '95?

3 A. No.

4 Q. Gallbladder ultrasounds in '95?

5 A. No.

6 Q. This right upper quadrant pain, can that
7 be described as pain in the right area under the
8 ribcage?

9 A. Yes.

10 Q. Okay. Did he tell you he had any prior
11 diagnosis of possible irritable bowel syndrome?

12 A. That came up later. And I might be able
13 to find it in my notes about that, but --

14 Q. Would any of these histories have been of
15 interest to you?

16 A. That I've described?

17 MR. ROBERTS: Objection.

18 A. Probably, yes. Potentially.

19 Q. Did he tell you that the day before he saw
20 you he had seen Dr. Nunlist-Young?

21 A. No. I don't remember that he did.

22 Q. Okay.

23 A. Because he wasn't trying to -- I mean, he
24 made it clear that Dr. Nunlist-Young had seen him

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13

1 complaining of, quote, fluctuating malaise, unquote,
2 weakness of his legs, heaviness of his legs.
3 Meaning when he walked or climbed stairs. Night
4 sweats, which we had previously talked about. And
5 he had previously said they were off and on.
6 Actually, they had gone away at the time of the
7 first visit.

8 Then tingling and numbness of his hands
9 and feet, which I didn't know what to make of.
10 Unless it was -- well, sometimes that's a symptom of
11 hyperventilation and anxiety.

12 So that was the consolation of complaints
13 at that time.

14 Q. Did he also complain that while he was
15 continuing to work he had difficulty traveling?

16 A. Yes.

17 Q. Did he tell you where, if anywhere, he
18 attempted to travel between the --

19 A. I don't recall that he did.

20 Q. -- 8th and the 17th?

21 A. No. I don't know that.

22 Q. Did he tell you that the day after the
23 first visit he contacted Dr. Nunlist-Young saying
24 that he was feeling fine, and since he was changing

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16

1 Q. Oh, from the original visit. Okay. Well,
2 that explains it.

3 So your impressions then as of the first
4 visit was there was a possible mononucleosis, but
5 that was before you got the results. Is that right?

6 A. Yes.

7 Q. And then you told him to contact you in
8 ten days if he wasn't better, which is what he did.

9 A. Right.

10 Q. Did he suggest to you at any time that
11 this was just an allergic reaction and that he was
12 feeling better the day after he saw you?

13 A. I don't recall hearing that at that time.
14 I think he later expressed concern about a reaction
15 to the hepatitis B vaccine, but that didn't come up.

16 Q. But he didn't tell you on the visit of the
17 17th that the day after he saw you he was feeling
18 fine.

19 MR. ROBERTS: Objection.

20 A. No. He said he was continuing to have
21 problems.

22 Q. So he told you that his symptoms were
23 continuing.

24 A. Yes.

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28

1 Q. Okay. With regard to your discussions
2 with Mr. Jeffries, did he seem particularly
3 concerned about either having hepatitis or some
4 significant disease going on?

5 A. I don't recall that he was -- that he was
6 concerned inordinately about hepatitis. I think his
7 concern got back to the vaccine.

8 Q. He was concerned about relating his
9 symptoms to hepatitis B vaccine.

10 MR. ROBERTS: Objection.

11 Q. Is that right?

12 A. I think so.

13 Q. Did you dissuade him in any way from that
14 belief, or attempt to?

15 A. I don't recall that I had a strong point
16 of view favoring that or negative to that, but you
17 probably know that this is another area that's --
18 there are cases around the country or world of
19 people who are probably litigating that particular
20 point, and that there's sort of a dearth of
21 scientific backup for whether it's a problem or not
22 a problem. So I didn't know what to tell him.

23 I had seen parenthetically another person,
24 actually a nurse at Christ Hospital, who had

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1 arthralgias after the whole series of hepatitis B
2 vaccinations and she was, I think it was a real
3 thing, but after several months it all went away.
4 And I think I told him that my impression was that
5 that's not a life-long problem. That goes away,
6 based on an anecdotal case of one.

7 Q. In the scientific literature on this,
8 putting aside the litigation aspect, the cases that
9 have been reported, and the example of your nurse's
10 case, showed some, not only complaints of
11 arthralgias such as joint pain, but the joints
12 became tender and inflamed. Is that right?

13 A. Yes. I think that's true, but I'm not
14 certain --

15 Q. There was objective verification of this.

16 A. I believe so. That didn't happen in our
17 nurse, but --

18 Q. In the literature they suggest that there
19 is positive hepatitis B antibodies, that there's
20 inflammation of the joints, and a series of
21 objective and verifiable symptoms that occur.

22 A. I believe so.

23 Q. Okay. You didn't find any of these in Mr.
24 Jeffries, did you?

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30

1 A. No.

2 Q. Okay. Your next visit after June 25th of
3 '98, was it July 10th, or was there some
4 intermittent contact?

5 A. I don't know of any intermittent contact.

6 Q. When he came back to see you on July the
7 10th he was following up a recent gallbladder
8 ultrasound and some lab work.

9 A. Yeah.

10 Q. And I believe this is where he told you
11 that after he left your office he went over to
12 Skyline, ate the fattest meal he could, had desserts
13 at a bakery, and then sat around waiting for
14 something to happen with his abdominal pain. And
15 nothing did. Is that right?

16 A. Correct.

17 Q. What, pray tell, could have triggered a
18 reaction upon Mr. Jeffries's part to run out and eat
19 as much of a high-fat diet as he could and top it
20 off with dessert and expect something to happen with
21 his right upper quadrant pain?

22 MR. ROBERTS: Objection.

23 Go ahead.

24 A. Well, the next paragraph --

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36

1 can't quite read that one. Something requesting?

2 A. Search requested. And I think it's GDL,
3 which is I think a library, but I don't recall what
4 GD stands for. That would have been the -- oh, I
5 know what it is. Gamble Deaconess Library. That's
6 the hospital library.

7 Q. Was he telling you he did the search or
8 requesting you to do it?

9 A. Requesting that I do it.

10 Q. Did you comply with the request?

11 A. I believe I did.

12 Q. Were you able to allay his fears that he
13 didn't have the objective symptoms consistent with
14 hepatitis B arthritis?

15 A. I don't believe I allayed them.

16 Q. Did you try?

17 A. Yes.

18 Q. Did he seem pretty focused on that idea at
19 the time?

20 A. Well, my recollection now is that this was
21 a recurring theme that came up other times than just
22 this telephone conversation. It was also discussed
23 at several visits. And he brought in his own
24 research materials, which indicates that this has

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37

1 come up multiple times.

2 Q. Did the research materials include both
3 Internet and periodical research?

4 A. Well, I probably have what he did here, so
5 I think the answer to that is probably yes.

6 Q. So he brought you a lot of reading
7 material about this. Did you, again, try to allay
8 his fears unsuccessfully?

9 MR. ROBERTS: Objection.

10 A. You know, I think that although this was a
11 concern in Eric's mind, that if this could have had
12 anything to do with -- if the hepatitis B vaccine
13 could be a cause of his fatigue, I think the
14 overriding thing was that he kept looking for
15 reasons for fatigue, and that this was just one of
16 the possible causes.

17 Q. So he's focused on finding some reason why
18 he felt the way he felt.

19 A. Exactly.

20 Q. The next visit I show is March of '99.
21 Was there any contact in between the visit of July
22 10th, '98 and March of '99?

23 A. I believe that's correct. It was a long
24 interval there.

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43

1 Q. Your assessment was that he had still some
2 undiagnosed systemic illness with rheumatological
3 features and that Crohn's and Behcet's would have to
4 be considered.

5 A. Correct.

6 Q. By the way, during any of the time that
7 you had seen him up through March of '99, did he
8 complain of having cognitive deficits or inability
9 to think or speak?

10 A. I believe so. He described it as being
11 foggy.

12 Q. Being foggy?

13 A. Being foggy. And also that he expressed
14 the opinion that he couldn't -- that he hadn't
15 had -- his memory problems have impaired his ability
16 to function as a financial -- I'm not sure if he was
17 a broker or --

18 Q. When did he first bring that up to you? I
19 didn't notice it in your notes, that's why I asked.

20 A. Maybe it's still coming in the notes, but
21 I do recall in retrospect that that's one of the
22 things he said.

23 Q. At least up through March of '99 you
24 haven't recorded any complaints of that nature.

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44

1 A. As we have been through that, I agree.

2 MR. ROBERTS: Objection.

3 Q. And did he appear to you at any time to be
4 at a loss for words, or not able to understand, or
5 do his own medical research, or discuss the issues
6 of potential diseases with you?

7 MR. ROBERTS: Objection.

8 A. No, but I wasn't performing psychological
9 tests or particularly evaluating his mental status.

10 Q. Did you conclude during this period of
11 time, at least up through March '99, that there may
12 be a psychosomatic component to this unusual group
13 of symptoms?

14 MR. ROBERTS: Objection. No foundation.

15 A. I was inclined to take him at his word and
16 face value that we were looking for a problem, but
17 that's also, you know, that's what a good physician
18 is supposed to do, is find a problem that's -- and
19 not say, "Ah, you're just nuts."

20 Q. I understand. When you continually for a
21 period now of 18 months don't have any objective
22 findings, do you consider at least as part of your
23 decision tree that there might be a psychogenic
24 component?

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